

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	11-27-23
FORMALITY REVIEW	A.H.		J-13-06

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	1/19/19
Original	1/30/3
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BESTIAL

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